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APPLICATION NO.	FILING DATE	TOTAL CLAIN	16	<u> </u>	8	(Date)
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYP	E SMALL ENTITY	FEE DUE	DATE DUE
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE SCIMED Life Systems, Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) One Scimed Place, Maple Grove, Minnesota 55311-1566 Please check the appropriate assignee category indicated below (will not be printed on the patent) Individual Scorporation or other private group entity government The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the appropriate assignee category.				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): X Issue Fee Advance Order - # of Copies 10 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 08-2461 (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee Advance Order - # of Copies		
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